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National Body Challenge

INSIDE:

- Denise Dee crafts blankets of love
- Managing medications
- Spicy chicken soup & Carolina chicken and collard greens stew

Twins double their efforts to win (and lose) big.

Last summer, four sets of identical – and overweight – twins faced off against their toughest critics – each other – in a quest for a healthier way of living.

For 15 weeks, the eight participants in Discovery Health's National Body Challenge worked on breaking old eating habits and making new, healthy lifestyle changes. You can follow their progress January 7-10 at 8PM e/p on Discovery Health.

All of the twins began the Challenge with the similar problem of being overweight. But some, like the Thiels featured on this page, were already suffering from the more serious health consequences of being overweight – high blood pressure and early signs of diabetes.

With the help of the Body Challenge team of health and fitness experts – Dr. Pamela Peeke, M.D., nutrition expert and Senior Medical Correspondent for Nutrition and Fitness for Discovery Health; Dr. Lydie Hazan, M.D., physician with a specialty in childhood obesity; and certified dietician and nutritionist Alyse Lavine – all of the twin participants lost big and gained a healthier perspective on life. And when you join the National Body Challenge today, you'll have access to the same great support team they did.



Before

Vanessa and Fiona DiStefano have fond memories of summers spent in Scotland, enjoying their grandmother's cooking. But the fried foods and buttery shortbread cookies of their childhood marked the beginning of a struggle with weight for both young women. Now 29, both twins feel insecure about their bodies, particularly in image-conscious Hollywood. Vanessa, with a starting weight of 185 pounds, is a pastry chef and is surrounded by fatty sweets. Make-up artist Fiona, with a starting weight of 165 pounds, is surrounded by skinny models and actresses.

Fiona's headstart on weight loss is the result of a recent romantic break-up – not a diet she'd recommend. And neither twin likes to hear the other referred to as the "fat twin." It doesn't help that Vanessa's live-in boyfriend cooks heavy meals for the two of them.

“WE LOVE MUFFINS, BUT NOT OUR MUFFIN TOPS.”

Before the National Body Challenge, the DiStefanos confessed to a fondness for the couch on their few days off. Now they've learned to “think outside the gym,” incorporating exercise into their lives in unique ways – like belly dancing and kayaking. Vanessa enjoyed cooking with tofu and learned the secret to a healthy chocolate brownie.

Having a supportive twin was a great source of strength for the DiStefanos throughout the Challenge. At the halfway point, the sisters were already dropping dress sizes. But as important as the weight they've lost is the self-esteem they've gained.

Will 2008 be the year of the tank top, instead of the muffin top, for the DiStefanos?

Jim and Jeff Thiel, 43, are bistro owners and part-time actors with a lust for life. If they want something, they go after it – with gusto. When the Italian restaurant they loved as kids came up for sale, they bought it. But unfortunately, it's become an occupational hazard – they're surrounded by cheese and pasta all day, every day.

The Thiels weren't always overweight. But unhealthy habits started in college were hard to break. With a starting weight of 340 pounds, Jim outweighs his brother Jeff by 50 pounds, a difference that lessens their chances of landing acting roles together. But it is hurting more than their careers. Now it's hurting Jim's odds of getting health insurance coverage.

Before the National Body Challenge, Jim and Jeff's idea of exercise was walking from the restaurant's kitchen to the dining room. During the Challenge, they kicked up their heels for some “Cowboy Cardio,” boxed with a personal trainer, and completed a 5K. Jeff, who played rugby in college, returned to the field for the first time in two years.

They even found a healthy alternative to their double cheese and sausage pizza habit – using chicken sausage and lowfat cheese – which they're adding to their bistro menu.

“WHEN ONE OF US GAINS, WE BOTH LOSE.”



Before

Both of the Thiels now understand the value of moderation. Eating pizza every night, for example, is not a healthy option. As Jeff Thiel said recently, “I learned how to eat healthy and how to find time to exercise 3-4 days a week for at least an hour. But most of all, I learned that my brother and I can succeed.”

At the halfway point of the challenge, the Thiels were well on the way to reaching their goal. How low will they go?

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For the Thiels' and DiStefanos' favorite recipes and to learn more about all the National Body Challenge participants, visit discoveryhealth.com. Watch their progress on Discovery Health starting Monday, January 7 at 8PM e/p.

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Ask American Profile

Q I know that Willie Nelson's sister has always played piano in his band. Has she ever made any music of her own?

—Will Trabue, Tulare, Calif.

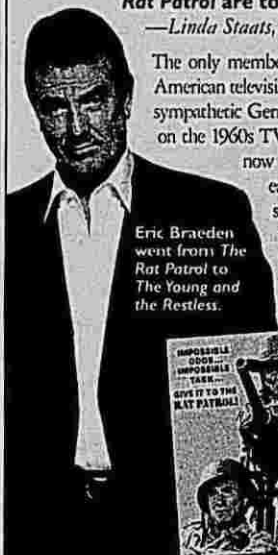


Bobbi Nelson is Willie's sis.

Bobbi Nelson, 76, sister to the singing and songwriting superstar, left a job demonstrating Hammond organs to play piano with her "baby" brother, who's now 74. That was 35 years ago, and she's been at Willie's musical side ever since. She branched out recently to record her solo debut, *Autobiography*, a collection of piano versions of classic tunes including "Crazy," "Stardust" and "Down Yonder," and two new songs from Willie, who joins her vocally. "The only way for me to tell the story of my life," she says, "would be through music."

Q I would like to know where the stars of *The Rat Patrol* are today.

—Linda Staats, La Porte, Ind.



Eric Braeden went from *The Rat Patrol* to *The Young and the Restless*.



The only member of the cast currently active in American television is Hans Gudegast, who played sympathetic German Capt. Hauptmann Dietrich on the 1960s TV series. The German-born actor, now 66, changed his name in the early '70s to Eric Braeden and has starred as Victor Newman on *The Young and the Restless* since 1980. Gary Raymond, 72, (Sgt. Jack Moffitt) lives in England and works in theater there. The last TV credit for Justin Tarr, 67, (Pvt. Tully Pettigrew) was a guest spot on *Midnight Caller* in 1990. And Christopher George, who played Sgt. Sam Troy, died at age 52 of a heart attack in 1983.

Q Can you tell me a little about Christopher Meloni from *Law and Order: SVU*?

—Becky Stanfield, Rolla, Mo.



Christopher Meloni

Born in Washington, D.C., the half-Italian, half-French-Canadian actor worked as a bartender and personal trainer before getting his show-biz break. Prior to the hit NBC-TV series *SVU*, on which he plays police Detective Elliot Stabler, he was best known for the HBO drama *Oz* and his role as Julia Roberts' boyfriend in the movie *Rumors*. "Stabler and I are alike," says Meloni, 35, who lives in New York City with his wife and their two children. "We're focused on our job and couldn't see doing anything else with our lives."



Elizabeth Perkins stars on *Weeds*.

Q What happened to Elizabeth Perkins? I saw her in *Big* and thought she was good.

—Pat James, Cary, Ill.

Big marked Elizabeth Perkins' breakout performance in 1988. She followed that with movie roles in *Asalov*, *The Flinstones*, *28 Days* and, most recently, *Must Love Dogs*, which she does. But these days, Perkins, 47, stays busy playing an uptight PTA mother on the Showtime series *Weeds*, for which she received two Emmy nominations. She is married to cinematographer Julio Macar and has a daughter from a previous marriage.

Q Did Christopher Reeve ever star in a remake of the movie *The Great Escape*? I saw the previews, and I think he portrayed a German officer.

—Sherman Benson, Kenyon, Minn.

You're partly correct: Reeve starred as American-born British Maj. John Dodge in *The Great Escape II: The Untold Story*. The 1988 TV movie added a follow-up storyline to the original theatrical film of 1963, which recounted an escape by Allied soldiers from a German POW camp during World War II.

* Cover photo by Media Bakery

■ Want to know more about a celebrity or public figure?

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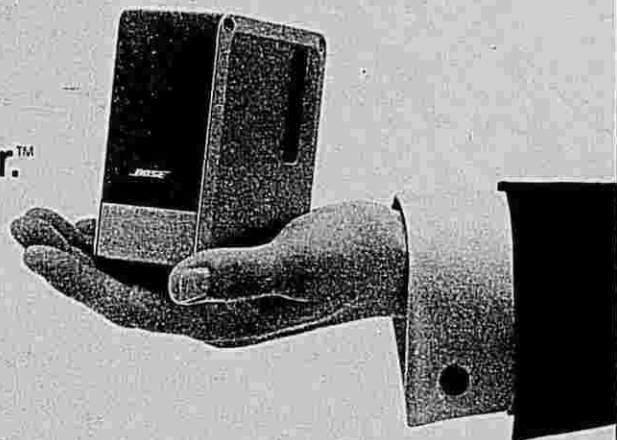
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Acts of Kindness

Each year, American Profile asks readers to send in heartwarming stories about ordinary people doing thoughtful deeds without expecting recognition or acknowledgement in return. It's our privilege to share a few of our favorites.

Lessons in life

Six months after being diagnosed with cancer, Shelia Madsen got a phone call from Julia Sperring saying she'd heard that Madsen had received a dulcimer for Christmas. Being acquaintances, Sperring, 81, invited Madsen, 67, to join her dulcimer class.

"Julia has a way of making you feel you are doing a favor for her when she is actually doing something for you," says Madsen of her dulcimer teacher, who charges nothing for her classes and even loans students an instrument if they need one.

Now, every Tuesday afternoon, Madsen is one of about a dozen students, ranging in age from 10 to 80, who take lessons in a renovated hog barn on the Sperring family farm in Live Oak, Fla. (pop. 6,480).

"The youngest to the oldest have found joy and healing in the music," says Madsen, who now is cancer-free. Even more special, though, are the experiences shared across generations under the watchful tutelage of Sperring, a retired telephone company worker who began playing the dulcimer at age 72.

"All of this has happened because Julia lives every day as a celebration of life," Madsen says. "Although she has just gone through her second bout of cancer, she still looks on every moment as an opportunity to do something for someone. She is a gracious, caring lady who thinks she is giving us lessons in music, but we know we are getting lessons in life."

Take my keys

While working her way through a community garage sale in Channahon, Ill. (pop. 7,344), Sharon Kuzel and her husband, Paul, came upon a blue flowered Ethan Allen couch that caught their fancy. It was only \$10, and the Kuzels quickly snapped up the bargain and thanked the owner. But that was just the beginning of their serendipitous transaction.

"With a sleeping toddler in our SUV, we tried several ways of maneu-



The Kuzel family of Minooka, Ill., hauled a couch with the help of a stranger who lent them his truck.



Celebrating
ordinary
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deeds

by MARTA
W. ALDRICH

Julia Sperring (left) of Live Oak, Fla., offered to teach Shelia Madsen how to play the dulcimer.

vering the couch (into the vehicle) but just couldn't make it fit," Kuzel recalls. "That's when the owner reached into his pocket and handed us the keys, saying, 'Here, you can use my truck.'"

The Kuzels, who recently had moved to nearby Minooka, Ill. (pop. 3,971), from Nashville, Tenn., were dumbfounded. "He had never laid eyes on us before. He didn't ask where we lived. His only request was to put a couple dollars of gas into it. He even helped us load and secure the couch in his truck and watched us drive away. He never asked for a cell phone number or to leave a driver's license or anything."

The couple carefully drove home, unloaded the couch and gassed up the truck before returning it safely to the man's driveway.

"It's hard to comprehend that people like this still exist in this day and age," says Sharon Kuzel, who never learned the man's name. "It felt like an act out of a longtime gone. It was so simple and trusting."

Curtain call

Mary Shanahan was scanning her community newspaper in North Bend, Neb. (pop. 1,213), when she read that the old stage curtain was being replaced in the auditorium at North Bend Central High School and would be sold to the highest bidder.

Shanahan knew the 18-by-50-foot orange velour curtain "could be recycled into something wonderful," so she contacted Carol Wiebold, leader of a ladies sewing circle at St. Peters Lutheran Church, where about a half-dozen women quilt religiously every Thursday morning.

"I told them this curtain's big and heavy, but



Mary Shanahan and Carol Wiebold recycled an old stage curtain into soft, warm donations.

it could be cut into some nice warm quilts," Shanahan recalls. "She called me back and said, 'Yep, we'll tackle it!'"

After placing a winning bid of a few dollars, it took five adults to roll up and lift the curtain into the back of a pickup truck. The ladies went to work and produced almost three dozen soft, warm quilts, which were donated to the Orphan Grain Train, a Christian volunteer network based in Norfolk, Neb. (pop. 23,516), that helps poor people around the world.

"It's a good feeling," Wiebold says of the group's bright orange sewing project. "It's something that could have been thrown out, but it ended up doing good for someone."

Cupid's helpers

On Valentine's Day weekend, residents of Hoxel Beaumont, a retirement home in Beaumont, Texas, received a special delivery of hundreds of roses from the nearby First United Methodist Church and the flowers were distributed to each of the home's 110 elderly residents.

Not to be outdone, some of the seniors decided to take the extra roses outside and share them with passersby at a busy street corner. "We handed out roses for hours, loving every minute," says Nancy K. Resendez, resident services director of Hoxel Beaumont.

The story did not end there. One woman driving by had not received a Valentine's card in years and was so moved to get a rose that, the next day, she brought cards for all the residents. Other recipients brought teddy bears and candy.

(Continued on page 8)



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(Continued from page 7)



The Lenk family—Jonathon, Marissa, Cherie and Brad—befriended their neighbor June Spielman (right).

"They were so touched by our act of kindness. Now some of these people still come and visit our retirement home because they've made this neat connection," Resendez says. "The trickle effect is amazing!"

Good neighbors

When new neighbors moved next door in 2003, June Spielman was apprehensive. Would they be friendly? Noisy? Easy to get along with like the previous owners?

Four years later, Spielman, 90, of West Bend, Wis. (pop. 4,834), says she needn't have worried. "They were the best thing that had happened to me since I became a widow seven years earlier," she says of her neighbors Brad and Cherie Lenk.

A week before their first Christmas in the neighborhood, the Lenks rang Spielman's doorbell holding a small evergreen tree just right for her home. They've brought her one every Christmas since, insisting on trimming it with different decorations each year.

That's not all. Even though both Brad and Cherie work long hours at their jobs and are busy with daughter Marissa, 13, and son Jonathon, 4, the Lenks often share their meals and include Spielman in their holiday celebrations. Cherie has taken her to the hospital when needed and, if a light bulb in the ceiling needs replacing, Brad is there to help.

"In general, I am an independent individual, but Brad and Cherie know I am elderly and live alone. They have it in their hearts to watch out for me," Spielman says.

For their part, the Lenks insist that they are the ones with the good neighbor. "Neither of us have grandparents living,

so just having June around is special," Cherie says. "She's such a sweet, intelligent lady and, at 90, is so vibrant and involved, with so many wonderful stories to share. She inspires us."

Declaration of Independence Award

When Gordon Christensen was a boy, his plumber father handed out quarters to children just for fun. "I thought that was pretty nice, and it made an impression," recalls Christensen, now 74 and retired from the U.S. Air Force in Kaysville, Utah (pop. 20,351).

Christensen decided to build on his dad's formula when the \$2 bill was reintroduced in 1976. He rewards people for good deeds with one of the bills bearing the image of Thomas Jefferson, his favorite president, and calls the prize his Declaration of Independence Award.

Christensen puts each bill in a plastic sleeve with a label: "You just won the Declaration of Independence Award," and always keeps a few handy. "If I see someone who I think did something outstanding, I'll give them one and say to them, 'This isn't a lot, but I just want you to know that I appreciate what you did.'"

The reaction is surprising. "People really seem to appreciate it," he says. "A lot of them don't want to spend it. They keep it as a souvenir, and some kids even put it in their scrapbook."

Christensen figures he's given away thousands of dollars over the years. "I don't go out looking for people to give them to. I just try to notice small things, especially with children."

Like when a little girl gave her coat to her shivering younger sister, a teenag-

Gordon Christensen gives \$2 bills to people who perform good deeds.



Brian Griffin

er who brought the house down singing "The Star-Spangled Banner" at a ballgame; a businessman who helped change a flat tire; or people going on church mission trips. In addition, he gives the \$2 bills to kids celebrating birthdays and also leaves them for tips at restaurants.

"It's kind of become a hobby for me," says the gregarious father of four grown children, who would never consider letting anyone underwrite his award. "It wouldn't be any fun if somebody else was funding it." ☆

Marta W. Aldrich is a writer in Franklin, Tenn.

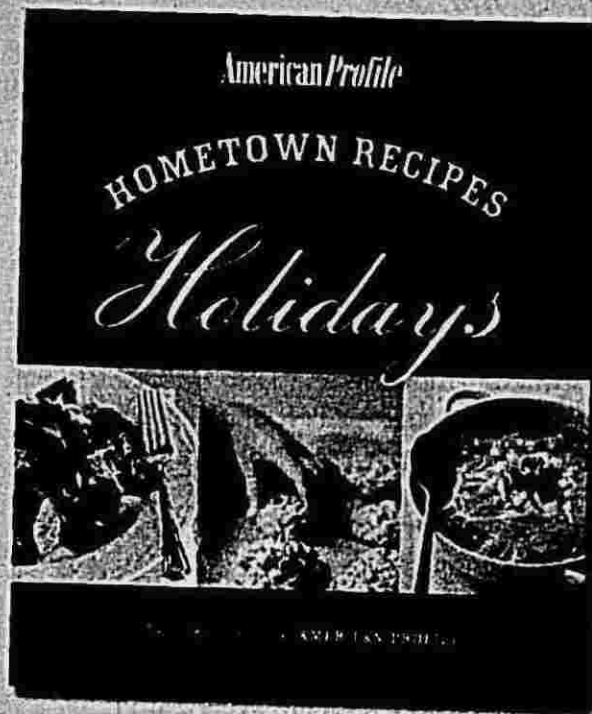
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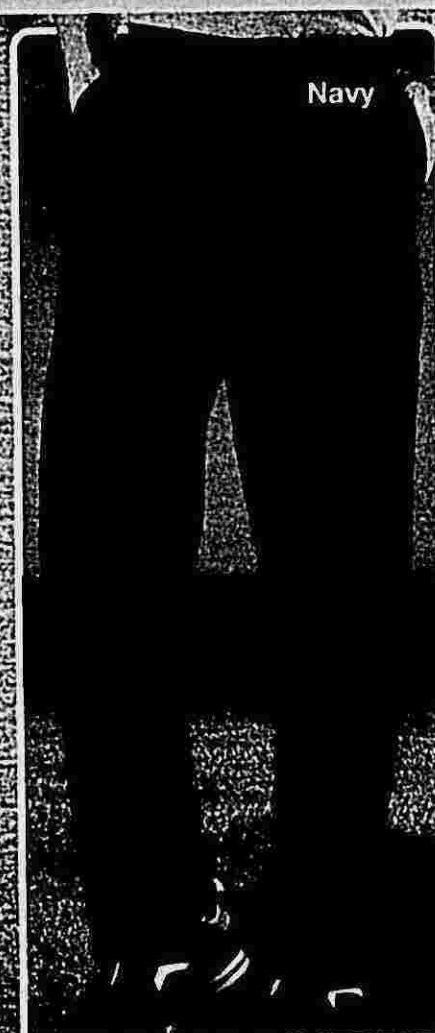
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Hometown Recipes

Soup's On

Perfect for cold winter evenings, soup also is a great way to serve up a nutritious meal. This week, *American Profile* presents two chicken soup recipes, an easy, low-fat, weeknight version that will help you keep your diet resolutions and a more elaborate one for special occasions.

Sonya Barron, of Hamilton, Texas, sent us her Spicy Chicken Soup recipe. "I created this soup on a frosty winter evening from what I had on hand in the pantry and refrigerator," she says. With less than 200 calories and 2 grams of fat per serving, this soup is perfect for dieters.

Carolina Chicken and Collard Greens Stew was submitted by Candace McMenemy. "I developed this recipe to showcase collard greens in a stew. Trust me, anyone who tries this stew with a chunk of homemade cornbread will be begging for the recipe," says the Lexington, S.C., resident. And this week is a perfect time to serve this dish; according to Southern folklore, collards served with black-eyed peas and hog jowl on New Year's Day bring a year of good luck and financial reward.

As always, *American Profile* looks forward to receiving your recipes and sharing them with our millions of readers across the nation. To submit a recipe of your own, send it, along with the story behind it and a color photograph of yourself, to: Hometown Recipes, *American Profile*, 341 Cool Springs Blvd., Suite 400, Franklin, TN 37067. Please note that recipes and photos will not be returned. ✨

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RECIPE: Spicy Chicken Soup

American Profile



Sonya Barron
Hamilton, Texas



Photo: High Cotton
Food Styling & Photography

Spicy Chicken Soup

- 2 skinless chicken breasts
- ¼ teaspoon dried basil
- 1 teaspoon salt
- 1 garlic clove
- 6 to 8 cups water, divided
- 1 (10-ounce) can tomatoes and green chilies
- 1 medium carrot, sliced
- 3 celery stalks, chopped
- 1½ cups uncooked small shell pasta

1. Combine chicken, basil, salt, garlic and 4 cups water in a large saucepan. Bring to a boil, reduce heat and simmer, covered, 1 hour or until chicken is done. Remove chicken to cool.
2. Add half the tomatoes and chilies along with carrot, celery, pasta, and 2 to 4 more cups of water. Taste for seasonings; add remaining tomatoes and green chilies for a more spicy flavor. Simmer until vegetables are tender, about 30 minutes.
3. Remove chicken from bone; chop or shred into bite-size pieces. Return to soup and cook until thoroughly heated. Serves 6 to 8.

RECIPE: Carolina Chicken and Collard Greens Stew

American Profile



Candace McMenemy
Lexington, S.C.

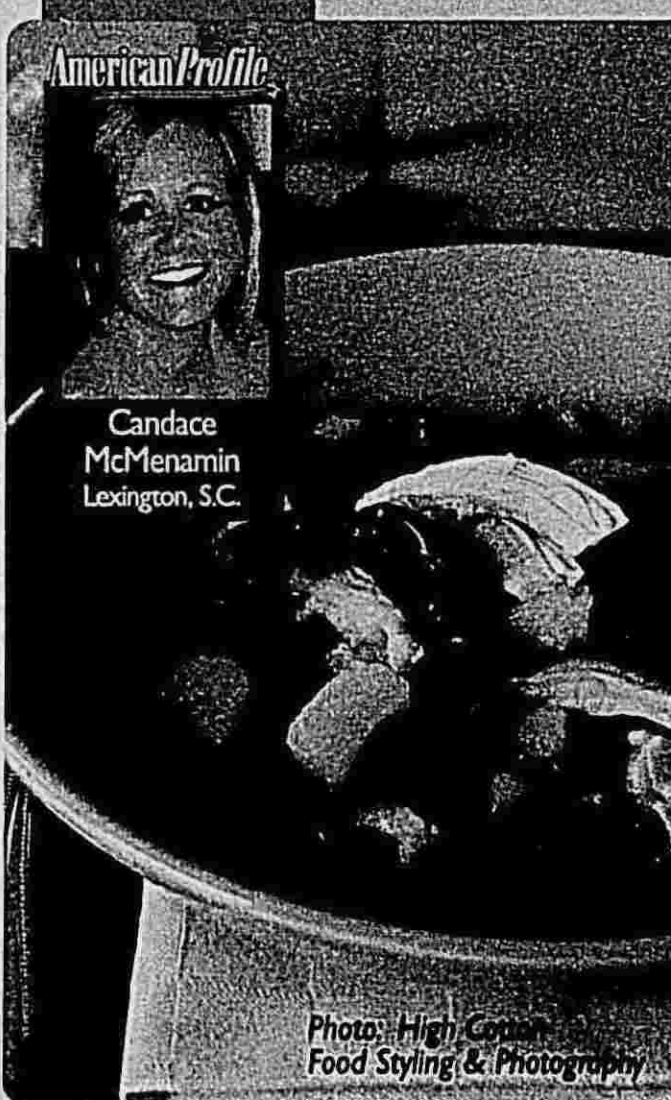


Photo: High Cotton
Food Styling & Photography

Carolina Chicken and Collard Greens Stew

- | | |
|--|--|
| 3 cups chicken broth | 1 tablespoon sugar |
| 3 cups water | 2 tablespoons white vinegar |
| 1 pound boneless, skinless chicken thighs | 4 cups loosely packed chopped collard greens |
| 1 medium onion, diced | 1 teaspoon salt |
| 1 garlic clove, minced | ½ teaspoon pepper |
| 1 celery stalk, sliced | 4 slices crisply cooked bacon |
| 1 medium carrot, sliced | ½ cup chopped pecans, toasted |
| 1 large potato, diced | |
| 1 tablespoon each chopped fresh thyme, basil and oregano | |

1. Bring chicken broth and water to a boil over medium-high heat. Add chicken thighs. Reduce heat and simmer 15 minutes or until chicken is cooked through. Remove to a plate; keep warm.
2. Add onion, garlic, celery, carrot, potato and herbs to broth. Bring to a boil. Reduce heat, cover and simmer until potatoes are tender, about 10 minutes. Stir in sugar, vinegar, collard greens, salt and pepper. Return to a boil, reduce heat, cover and simmer 10 minutes.
3. Shred chicken and add to stew. Simmer over medium heat about 2 minutes or until chicken is thoroughly heated.
4. Ladle into shallow soup bowls. Crumble one slice of bacon over each serving. Sprinkle pecans over top. Serves 4.

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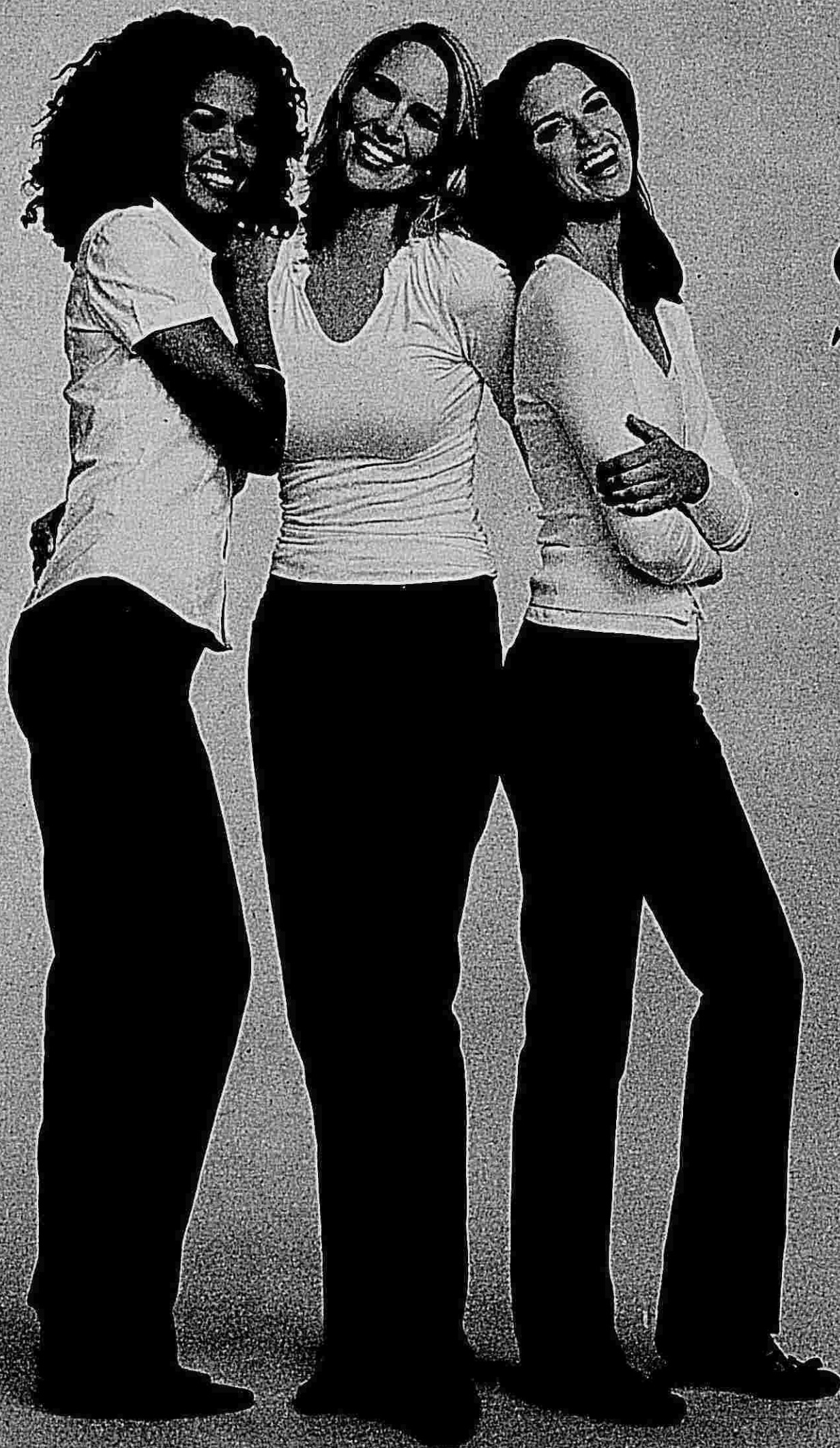
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Hometown Heroes

by JODI WEBB

Knitting with Love

Denise Dee of Sag Harbor, N.Y. (pop. 2,313), learned how to crochet during her summer 2001 break as a high school guidance counselor, and began an ambitious project to knit baby blankets for her four nieces and nephews. As she spent months crocheting each blanket, Dee began to wonder if she could use her newfound hobby to help others.

"As a guidance counselor, they always tell you that if you make a difference in one kid's life, it's enough," says Dee, 39. "But I wondered, 'Am I making enough of a difference?'"

When she finished the blankets for her family, she thought it would be nice if she and fellow crocheters and knitters could make blankets for children in need. Her idea remained just a dream for two years until Dee learned about several students who were giving up their vacations to go on a church mission trip. "They made me think that I needed to do more to help those less fortunate," she says.

Inspired by the students' selfless act, Dee mentioned her blankets for the needy idea in early 2004 in the St. Andrew's church bulletin in Sag Harbor, where it quickly grabbed the interest of two local knitting groups. Carolyn Hendrickson, librarian and head of the John Jermain Memorial Public Library Knitting Circle, was happy to get her group involved.



Denise Dee founded Cover Me With Love in 2004 to distribute homemade blankets and clothes to children in need.

"Nobody knows what to do with all the stuff they knit anyway," Hendrickson says with a laugh. "You can only knit so much for your family." The group began making blankets as well as sweaters, hats, booties and mittens.

Soon after, Dee founded Cover Me With Love, an organization that distributes homemade blankets and clothes to children in need. To devote more time to the organization, Dee left her job as a guidance counselor, and began speaking to churches and schools around the country, asking for their help.

A speech last fall at Dee's alma mater, Nativity of the Blessed Virgin Mary High School in Pottsville, Pa. (pop. 15,549), inspired students and faculty alike. "She spoke so strongly about the reactions of those who received blankets," says teacher Sister Paula Gallant, "and that someone they didn't even know cared enough to put in the time, effort and energy."

Under the direction of Gallant and fellow teacher Carol Boyer, a knitting club was revived, and a blanket and yarn drive was held. The school of 200 students since has donated more than 50 blankets, while the knitting club continues to provide a steady stream of warm blankets for families in need.

Nativity junior Jacob Gogno, a member of the football team, was proud to join the knitting club. In addition to helping children, Jacob was attracted to Cover Me With Love because he saw it as a way to honor his late grandmother, Mary. "She did it—knitting and crocheting—and taught me to sew before she died,"

says Jacob, who's been working on a baby blanket. "She'd like the idea (of Cover Me With Love)."

Dee also has partnered with other Pennsylvania schools as well as schools in New York and Arizona to provide blankets.

Mary Doyle, a childhood friend of Dee's, enlisted the help of her daughter's Brownie Troop, which donated a dozen handmade fleece blankets. "They didn't know how to knit or crochet, but they knew how to cut and tie," says Doyle, of Naperville, Ill.

Since April 2006, when the organization gained nonprofit status, hundreds of blankets have been distributed through homeless shelters, hospitals and homes for teenage mothers in Pennsylvania, New York, New Jersey, Massachusetts,

Florida and Texas.

Blanca Narvaez, a young Pennsylvania mother, was overjoyed with the blanket her 3-year-old daughter, Lily, received. "I'm happy that someone is thinking of us," Narvaez says. "Someone out there loves us."

That's exactly the message that Dee wants to send to recipients. As she always says when ending her speeches to fellow blanket makers: "On behalf of the kids that I won't know and you'll never know, I can only say thank you for taking the time and caring enough to cover them with love." ☆

Jodi Webb is a writer in Pottsville, Pa.

Visit www.covermewithlove.org to learn more.



Members of the John Jermain Memorial Public Library Knitting Circle donate their time and talent to help others.

Tidbits

Did You Know...

ILLINOIS—Thomas Musselman of Quincy (pop. 40,366) is among the pioneers of the bluebird conservation movement and bluebird trails. In the 1930s, he built nesting boxes of his own design and posted them along country roads in Adams County (pop. 68,277).

INDIANA—Great Cats of Indiana in Idaville is a sanctuary for big cats, wolves and bears that have been displaced. In August, the sanctuary donated a tiger to Louisiana State University for its mascot, Mike the Tiger.

IOWA—Music scores, photos, playbills, costumes and scenery from touring companies that played in opera houses, town halls and tent theaters from the 1850s to the 1950s are displayed at the Theatre Museum of Repertoire Americana in Mount Pleasant (pop. 8,751).

KANSAS—Brian Stanley of Newton (pop. 17,190) became the lord of gourds at the 2007 Kansas State Fair in Hutchinson (pop. 40,787) after growing a 976-pound pumpkin, which topped the previous fair record by more than 300 pounds.

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HOLY BIBLE

MICHIGAN—In 1922, Len Halladay of Mayfield (pop. 1,271) invented the popular Adams fly and named it after his friend, Judge Charlie Adams. Adams was having a frustrating fishing day and asked Halladay to tie a fly to imitate the insect the trout were favoring.

MINNESOTA—One of the state's nicknames is the "Land of 10,000 Lakes," but the state actually has 11,842 lakes that are 10 acres or more in size.

MISSOURI—Corkball originated in the streets and alleys of St. Louis in the 1900s and the city still has corkball leagues. A corkball measures 6.5 inches in circumference and weighs 1.6 ounces, compared with a standard baseball that has a 9-inch circumference and weighs 5 ounces.

NEBRASKA—Fort Robinson State Park near Crawford (pop. 1,107) served as an active military post from 1874 to 1948. The park encompasses more than 22,000 acres and is popular with horseback riders.

NORTH DAKOTA—Widman's Candy Shop puts a sweet spin on the state's spud crop—with its

famous chocolate-covered potato chips. The family-owned business has stores in Fargo, Grand Forks (pop. 49,321) and Crookston, Minn. (pop. 8,192).

OHIO—The only person elected two times to the Country Music Hall of Fame is Roy Rogers (1911-1998), who was inducted in 1980 as a member of the original Sons of the Pioneers and in 1988 as an individual for his own career achievements. Rogers was born Leonard Franklin Slye in Cincinnati.

SOUTH DAKOTA—Rhett Albers and Bryan Defender have formed the Sitting Bull Monument Foundation to care for the gravesite of the Sioux Indian leader on the Standing Rock Indian Reservation near Mobridge (pop. 3,574). The men cleaned up the site and are raising money for a \$12 million visitors center.

WISCONSIN—Cheese carver Troy Landwehr of Little Chute (pop. 10,476) in June turned a 700-pound block of cheddar cheese into a replica of Mount Rushmore with the faces of Presidents George Washington, Thomas Jefferson, Theodore Roosevelt and Abraham Lincoln. ✨

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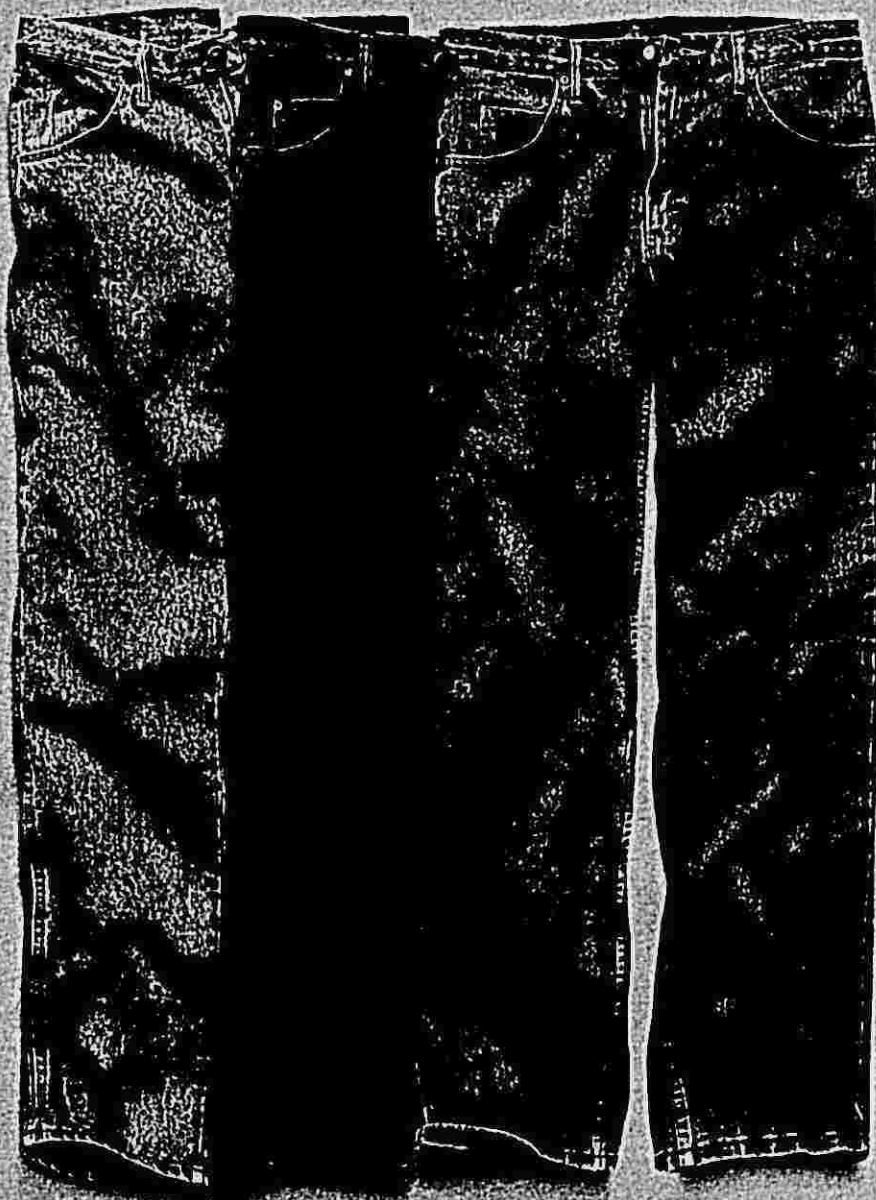
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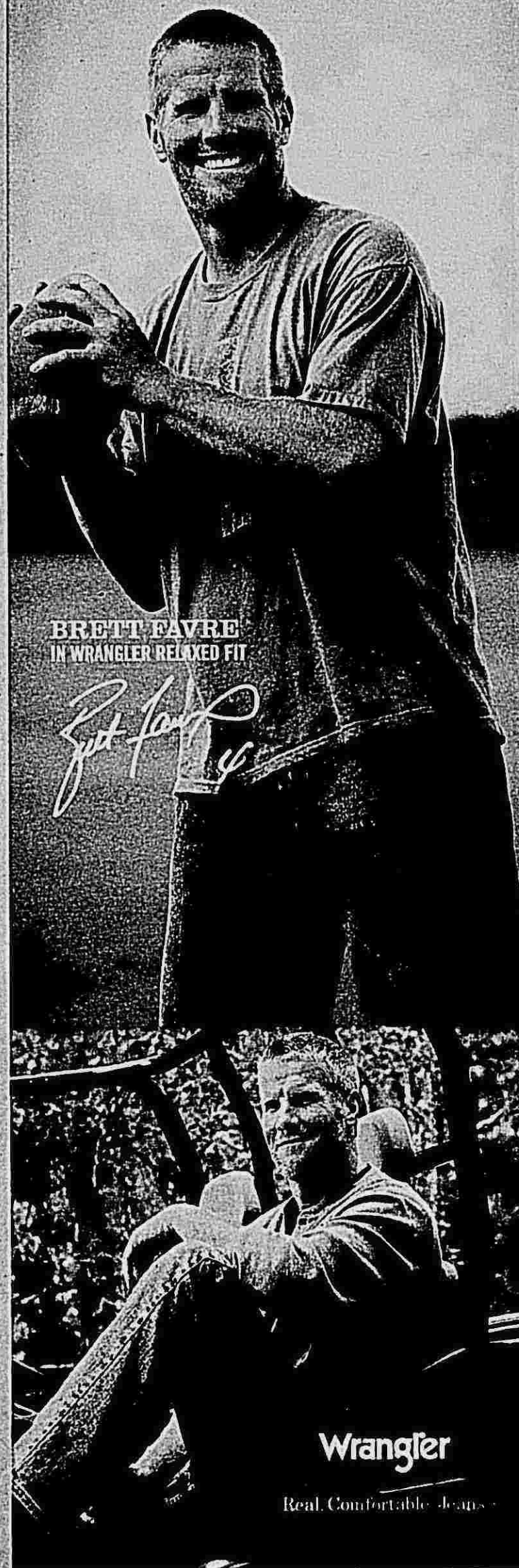
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Health

Managing Your Medications

by CARLENE
NESS

Managing the nine medications her husband takes for Parkinson's disease is an ongoing challenge for Sue Webert, 65, of Surprise, Ariz.

Webert's husband, Stan, 69, takes more than 80 pills a week. One medication has to be taken on an empty stomach every five hours during the day; other medications must be taken on a full stomach. Two nights a week, he takes an extra half dose of another drug.

How does she keep track of it all? "It's kind of tricky," she says. "I fill pill containers for the week and we keep one container on the counter and one in the car." She also makes notes on a daily calendar and uses her cell phone alarm to remind her when it's time for Stan's afternoon pill. "My husband could not manage these medications on his own," Webert says. "He wouldn't remember to take them."

Webert's husband is among the millions of Americans who take multiple medications. According to the American Society of Health-System Pharmacists (ASHP), at least 51 percent of Americans take more than one medication daily, including prescription and nonprescription drugs, vitamins and herbal supplements. Among those age 65 or older, 79 percent take multiple medications—an average of four each day.

"Medications are an important mainstay of healthcare," says Kasey Thompson, ASHP's director of patient safety, "but as you take more medications, the potential for interactions increases."

The elderly are at even greater risk for dangerous drug interactions and side effects because they take more medicines and may suffer from poor eyesight, dexterity problems and unreliable memories, which can make it difficult to take medicines correctly.

Studies have shown that up to 75 percent of older people do not take their medications at the right time or in the right amount. Skipping doses,



taking the wrong dose, or not taking medicines at the right time can have dangerous consequences. Poor medication management is associated with thousands of deaths, hospital admissions and nursing home admissions each year.

Create a system

It's important to make sure that all drugs—whether prescription or over-the-counter—are taken as prescribed. If you take several medications, create a system that will help you follow your doctor's orders. Maintaining a written record of your medications and dosing schedule is a good idea.

"One of the most important things a patient can do is keep a current PMR—Personal Medication Record," says pharmacist Anne Burns, vice

president of professional affairs for the American Pharmacists Association. The medication record should include prescription and nonprescription drugs, as well as vitamins, herbs and other supplements you take.

Keep your record handy at all times, and be sure to give a copy to your doctor, pharmacist and any other people involved in your care. "If your physician, pharmacist or nurse doesn't have the full picture, even life-saving medications can be dangerous," Burns says. To obtain a PMR form, call (888) 687-2277 and request AARP's free booklet *Medicines Made Easy*.

Find ways to remind yourself when and how to take your medicines. Some people line up their pill bottles on the counter in the morning and return them to the cupboard after they take a

dose. Others jog their memories by keeping morning pills next to the coffee maker, and bedtime medicines with the night cream or dental floss. Here are some other suggestions for managing numerous medicines:

- Use a pill box with labeled spaces for each day of the week. This is a handy way to organize pills, and it helps to remind you whether you've already taken them.
- Have all your prescriptions filled at the same pharmacy so that the pharmacist can check your medications for possible interactions.
- Stay informed. Read prescription inserts and discuss your medications with your doctor and pharmacist. Sometimes even healthy foods can interact with certain medications—drinking grapefruit juice with some cholesterol-lowering drugs can be harmful, for example—so it's important that you understand your medicines and take them as directed. You can check medications for interactions at www.drugdigest.org.

"Develop a relationship with your pharmacist and healthcare professionals. Really understand your medications," Thompson advises.

Managing multiple medications can be complicated, but by staying informed about your medicines, following doctor's orders and taking medications correctly, you can enjoy better health. ☆

Carlene Ness is a writer based in Arlington, Texas.



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Spiriva HandiHaler (tiotropium bromide inhalation powder)

FOR ORAL INHALATION ONLY

Brief Summary of Prescribing Information

INDICATIONS AND USAGE

SPIRIVA HandiHaler (tiotropium bromide inhalation powder) is indicated for the long-term, once-daily, maintenance treatment of bronchospasm associated with chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema.

CONTRAINDICATIONS

SPIRIVA HandiHaler (tiotropium bromide inhalation powder) is contraindicated in patients with a history of hypersensitivity to atropine or its derivatives, including ipratropium, or to any component of this product.

WARNINGS

SPIRIVA HandiHaler (tiotropium bromide inhalation powder) is intended as a once-daily maintenance treatment for COPD and is not indicated for the initial treatment of acute episodes of bronchospasm, i.e., rescue therapy. Immediate hypersensitivity reactions, including angioedema, may occur after administration of SPIRIVA. If such a reaction occurs, therapy with SPIRIVA should be stopped at once and alternative treatments should be considered. Inhaled medicines, including SPIRIVA, may cause paradoxical bronchospasm. If this occurs, treatment with SPIRIVA should be stopped and other treatments considered.

PRECAUTIONS

General

As an anticholinergic drug, SPIRIVA (tiotropium bromide inhalation powder) may potentially worsen symptoms and signs associated with narrow-angle glaucoma, prostatic hyperplasia or bladder-neck obstruction and should be used with caution in patients with any of these conditions. As a predominantly renally excreted drug, patients with moderate to severe renal impairment (creatinin clearance of ≤ 50 mL/min) treated with SPIRIVA should be monitored closely (see CLINICAL PHARMACOLOGY, Pharmacokinetics, Special Populations, Renally-impaired Patients).

Information for Patients

It is important for patients to understand how to correctly administer SPIRIVA capsules using the HandiHaler inhalation device (see Patient's Instructions for Use). SPIRIVA capsules should only be administered via the HandiHaler device and the HandiHaler device should not be used for administering other medications. Capsules should always be stored in sealed blisters. Remove only one capsule immediately before use, or its effectiveness may be reduced. Additional capsules that are exposed to air (i.e., not intended for immediate use) should be discarded. Eye pain or discomfort, blurred vision, visual halos or colored images in association with red eyes from conjunctival congestion and corneal edema may be signs of acute narrow-angle glaucoma. Should any of these signs and symptoms develop, consult a physician immediately. Miotic eye drops alone are not considered to be effective treatment. Care must be taken not to allow the powder to enter into the eyes as this may cause blurring of vision and pupil dilation.

SPIRIVA HandiHaler is a once-daily maintenance bronchodilator and should not be used for immediate relief of breathing problems, i.e., as a rescue medication.

Drug Interactions

SPIRIVA has been used concomitantly with other drugs commonly used in COPD without increases in adverse drug reactions. These include sympathomimetic bronchodilators, methylxanthines, and oral and inhaled steroids. However, the co-administration of SPIRIVA with other anticholinergic-containing drugs (e.g., ipratropium) has not been studied and is therefore not recommended.

Drug/Laboratory Test Interactions

None known.

Carcinogenesis, Mutagenesis, Impairment of Fertility

No evidence of tumorigenicity was observed in a 104-week inhalation study in rats at tiotropium doses up to 0.059 mg/kg/day, in an 83-week inhalation study in female mice at doses up to 0.145 mg/kg/day, and in a 101-week inhalation study in male mice at doses up to 0.002 mg/kg/day. These doses correspond to 25, 35, and 0.5 times the Recommended Human Daily Dose (RHDD) on a mg/m² basis, respectively. These dose multiples may be over-estimated due to difficulties in measuring deposited doses in animal inhalation studies. Tiotropium bromide demonstrated no evidence of mutagenicity or clastogenicity in the following assays: the bacterial gene mutation assay, the V79 Chinese hamster cell mutagenesis assay, the chromosomal aberration assays in human lymphocytes *in vitro* and mouse micronucleus formation *in vivo*, and the unscheduled DNA synthesis in primary rat hepatocytes *in vitro* assay. In rats, decreases in the number of corpora lutea and the percentage of implants were noted at inhalation tiotropium doses of 0.078 mg/kg/day or greater (approximately 35 times the RHDD on a mg/m² basis). No such effects were observed at 0.009 mg/kg/day (approximately 4 times the RHDD on a mg/m² basis). The fertility index, however, was not affected at inhalation doses up to 1.689 mg/kg/day (approximately 760 times the RHDD on a mg/m² basis). These dose multiples may be over-estimated due to difficulties in measuring deposited doses in animal inhalation studies.

Pregnancy

Pregnancy Category C

No evidence of structural alterations was observed in rats and rabbits at inhalation tiotropium doses of up to 1.471 and 0.007 mg/kg/day, respectively. These doses correspond to approximately 660 and 6 times the recommended human daily dose (RHDD) on a mg/m² basis. However, in rats, fetal resorption, litter loss, decreases in the number of live pups at birth and the mean pup weights, and a delay in pup sexual maturation were observed at inhalation tiotropium doses of 0.078 mg/kg (approximately 35 times the RHDD on a mg/m² basis). In rabbits, an increase in post-implantation loss was observed at an inhalation dose of 0.4 mg/kg/day (approximately 360 times the RHDD on a mg/m² basis). Such effects were not observed at inhalation doses of 0.009 and up to 0.088 mg/kg/day in rats and rabbits, respectively. These doses correspond to approximately 4 and 80 times the RHDD on a mg/m² basis, respectively. These dose multiples may be over-estimated due to difficulties in measuring deposited doses in animal inhalation studies. There are no adequate and well-controlled studies in pregnant women. SPIRIVA should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Use in Labor and Delivery

The safety and effectiveness of SPIRIVA has not been studied during labor and delivery.

Nursing Mothers

Clinical data from nursing women exposed to tiotropium are not available. Based on lactating rodent studies, tiotropium is excreted into breast milk. It is not known whether tiotropium is excreted in human milk, but because many drugs are excreted in human milk and given these findings in rats, caution should be exercised if SPIRIVA is administered to a nursing woman.

Pediatric Use

SPIRIVA HandiHaler is approved for use in the maintenance treatment of bronchospasm associated with chronic obstructive pulmonary disease, including chronic bronchitis and emphysema. This disease does not normally occur in children. The safety and effectiveness of SPIRIVA in pediatric patients have not been established.

Geriatric Use

Of the total number of patients who received SPIRIVA in the 1-year clinical trials, 426 were ≤ 65 years, 375 were 65–74 years and 105 were ≥ 75 years of age. Within each age subgroup, there were no differences between the proportion of patients with adverse events in the SPIRIVA and the comparator groups for most events. Dry mouth increased with age in the SPIRIVA group (differences from

placebo were 9.0%, 17.1%, and 16.2% in the aforementioned age subgroups). A higher frequency of constipation and urinary tract infections with increasing age was observed in the SPIRIVA group in the placebo-controlled studies. The differences from placebo for constipation were 0%, 1.8%, and 7.8% for each of the age groups. The differences from placebo for urinary tract infections were -0.6%, 4.6% and 4.5%. No overall differences in effectiveness were observed among these groups. Based on available data, no adjustment of SPIRIVA dosage in geriatric patients is warranted.

ADVERSE REACTIONS

Of the 2,663 patients in the four 1-year and two 6-month controlled clinical trials, 1,308 were treated with SPIRIVA (tiotropium bromide inhalation powder) at the recommended dose of 18 mcg once a day. Patients with narrow angle glaucoma, or symptomatic prostatic hypertrophy or bladder outlet obstruction were excluded from these trials. The most commonly reported adverse drug reaction was dry mouth. Dry mouth was usually mild and often resolved during continued treatment. Other reactions reported in individual patients and consistent with possible anticholinergic effects included constipation, increased heart rate, blurred vision, glaucoma, urinary difficulty, and urinary retention. Four multicenter, 1-year, controlled studies evaluated SPIRIVA in patients with COPD. Table 1 shows all adverse events that occurred with a frequency of $\geq 3\%$ in the SPIRIVA group in the 1-year placebo-controlled trials where the rates in the SPIRIVA group exceeded placebo by $\geq 1\%$. The frequency of corresponding events in the ipratropium-controlled trials is included for comparison.

Table 1: Adverse Experience Incidence (% Patients) in One-Year-COPD Clinical Trials

| Body System (Event) | Placebo-Controlled Trials SPIRIVA (n = 550) | Placebo (n = 371) | Ipratropium-Controlled Trials SPIRIVA (n = 356) | Ipratropium (n = 179) |
|--|---|----------------------|---|--------------------------|
| Body as a Whole | | | | |
| Accidents | 13 | 11 | 5 | 8 |
| Chest Pain (non-specific) | 7 | 5 | 5 | 2 |
| Edema, Dependent | 5 | 4 | 3 | 5 |
| Gastrointestinal System Disorders | | | | |
| Abdominal Pain | 5 | 3 | 6 | 6 |
| Constipation | 4 | 2 | 1 | 1 |
| Dry Mouth | 16 | 3 | 12 | 6 |
| Dyspepsia | 6 | 5 | 1 | 1 |
| Vomiting | 4 | 2 | 1 | 2 |
| Musculoskeletal System | | | | |
| Myalgia | 4 | 3 | 4 | 3 |
| Resistance Mechanism Disorders | | | | |
| Infection | 4 | 3 | 1 | 3 |
| Moniliasis | 4 | 2 | 3 | 2 |
| Respiratory System (upper) | | | | |
| Epistaxis | 4 | 2 | 1 | 1 |
| Pharyngitis | 9 | 7 | 7 | 3 |
| Rhinitis | 6 | 5 | 3 | 2 |
| Sinusitis | 11 | 3 | 3 | 2 |
| Upper Respiratory Tract Infection | 41 | 57 | 43 | 35 |
| Skin and Appendage Disorders | | | | |
| Rash | 4 | 2 | 2 | 2 |
| Urinary System | | | | |
| Urinary Tract Infection | 7 | 5 | 4 | 2 |

Arthritis, coughing, and influenza-like symptoms occurred at a rate of $\geq 3\%$ in the SPIRIVA treatment group, but were $<1\%$ in excess of the placebo group. Other events that occurred in the SPIRIVA group at a frequency of 1–3% in the placebo-controlled trials where the rates exceeded that in the placebo group include: **Body as a Whole:** allergic reaction, leg pain; **Central and Peripheral Nervous System:** dysphonia, paresthesia; **Gastrointestinal System Disorders:** gastroenteritis, gastroesophageal reflux, stomatitis (including ulcerative stomatitis); **Metabolic and Nutritional Disorders:** hypercholesterolemia, hyperglycemia; **Musculoskeletal System Disorders:** skeletal pain; **Cardiac Events:** angina pectoris (including aggravated angina pectoris); **Psychiatric Disorder:** depression; **Infections:** herpes zoster; **Respiratory System Disorder (Upper):** laryngitis; **Vision Disorder:** cataract. In addition, among the adverse events observed in the clinical trials with an incidence of $<1\%$ were atrial fibrillation, supraventricular tachycardia, angioedema, and urinary retention. In the 1-year trials, the incidence of dry mouth, constipation, and urinary tract infection increased with age (see PRECAUTIONS, Geriatric Use). Two multicenter, 6-month, controlled studies evaluated SPIRIVA in patients with COPD. The adverse events and the incidence rates were similar to those seen in the 1-year controlled trials. The following adverse reactions have been identified during worldwide post-approval use of SPIRIVA: dizziness, dysphagia, epistaxis, hoarseness, intestinal obstruction including ileus paralytic, intraocular pressure increased, oral candidiasis, palpitations, pruritus, tachycardia, throat irritation, and urticaria.

DOSE AND ADMINISTRATION

The recommended dosage of SPIRIVA HandiHaler (tiotropium bromide inhalation powder) is the inhalation of the contents of one SPIRIVA capsule, once-daily, with the HandiHaler inhalation device (see Patient's Instructions for Use). No dosage adjustment is required for geriatric, hepatically-impaired, or renally-impaired patients. However, patients with moderate to severe renal impairment given SPIRIVA should be monitored closely (see CLINICAL PHARMACOLOGY, Pharmacokinetics, Special Populations and PRECAUTIONS). SPIRIVA capsules are for inhalation only and must not be swallowed.

HOW SUPPLIED

The following packages are available:

carton containing 5 SPIRIVA capsules (1 unit-dose blister card) and 1 HandiHaler Inhalation device (NDC 0597-0075-75)
carton containing 30 SPIRIVA capsules (3 unit-dose blister cards) and 1 HandiHaler Inhalation device (NDC 0597-0075-41)
carton containing 90 SPIRIVA capsules (9 unit-dose blister cards) and 1 HandiHaler Inhalation device (NDC 0597-0075-47)

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SV44079

Health

Controlling Prescription Costs

by CARLENE NESS

Controlling medication costs

can be difficult, especially for people who take multiple prescriptions. According to the National Association of Chain Drug Stores (NACDS), the average prescription price in 2006 was \$68.26, so it's easy to see how costs can quickly add up. Here are some ways to keep your medication costs under control:

- Join the Medicare drug benefit program as soon as you're eligible.
- Discuss your medications with your doctor, and make sure you haven't been prescribed a drug that you don't need.
- Ask your doctor about switching to generic drugs, which can cost up to five times less than brand-name drugs. The average price of a brand-name prescription drug was \$111.02 in 2006, compared to \$32.23 for a generic, according to the NACDS.
- Before you fill a prescription, ask your doctor if there is an over-the-counter medication that would work just as well.
- Comparison shop. *Consumer Reports* magazine found that prices varied as much as \$100 for a one-month prescription.
- Ask your physician about pill-splitting. Bigger doses of medications often cost the same as smaller doses, so cutting a bigger-dose pill in half can save money. "My doctor suggested I cut 20-milligram Lipitor tablets in half for the 10-milligram doses he prescribes," says Bob Rogers, 73, of Edmonds, Wash. "I've cut my cost in half."
- Use mail-order options. Many prescription plans offer a 90-day medication supply for the price of a 60-day supply.
- Find out if you qualify for low-income benefits. You can check online at the website www.BenefitsCheckUpRx.org.
- Consider patient assistance programs. Offered by most pharmaceutical companies, these programs provide free or low-cost medications to patients who qualify. For more information, visit the website www.pparx.org or call (888) 4PPA-NOW.

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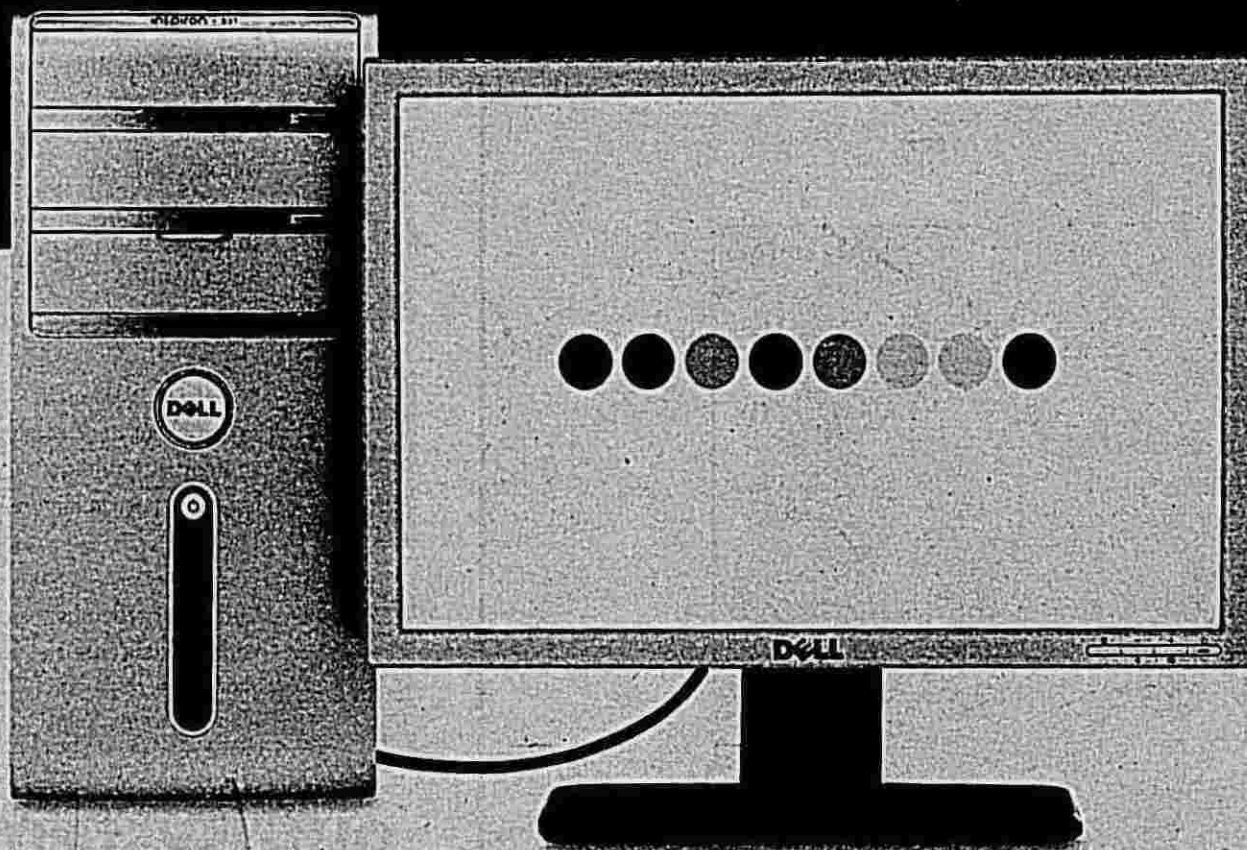
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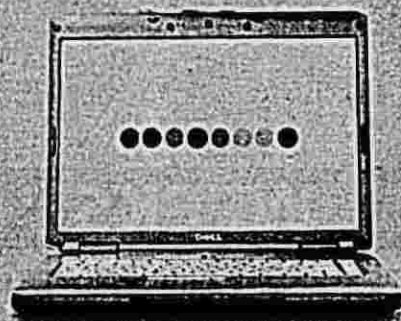


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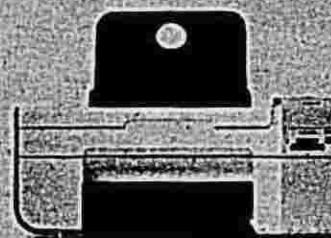
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